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## APPLICANTS

Jason Matthew English, Appleton, WI;

 Richard Joseph Hantke, Appleton, WI;  
 Heather Anne Sorebo, Appleton, WI;

\*\* CONTINUING DATA \*\*\*\*\* MGB

\*\* FOREIGN APPLICATIONS \*\*\*\*\* MGB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 12	TOTAL CLAIMS 55	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>M.G. B.</i>	Initials		

## ADDRESS

 000321  
 SENNIGER POWERS LEAVITT AND ROEDEL  
 ONE METROPOLITAN SQUARE  
 16TH FLOOR  
 ST LOUIS , MO  
 63102

## TITLE

Labial pad

FILING FEE  RECEIVED 1400	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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